EVALUATION AND INTERPRETATION OF SOCIAL DISPARITIES IN MEDICAL CARE AND THEIR RELATIONSHIP TO HEALTH OUTCOMES IN EPILEPSY PATIENTS

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ABSTRACT

Purpose: Evidence about the disparities in delivery and the outcomes of epilepsy care is limited. This study aims to evaluate disparities in the care of epilepsy patients, understand whether disparities in quality of care contribute to disparities in outcomes, and reveal other predictors of epilepsy care and outcomes.

Methods: ‘Examining Epilepsy Care Using a Multifaceted Approach’ project database was used. We linked hospital data with patient interview and mail-out survey data in a cross-sectional design. Variations in the processes of care measured via published quality indicators for epilepsy care and patients’ reports, and their relationship with the clinical and quality of life outcomes were examined. Analyses included multivariate linear/logistic regressions to evaluate predictors of the processes and the outcomes of care. Structural equation modeling (SEM) method was also used. Race/ethnicity and income were the main independent variables in the analyses, along with other socio-demographic, clinical and access related factors.

Results: There were 311 patients included in the study. Findings did not indicate evidence of racial/ethnic or income disparities associated with technical processes of care, clinical and quality of life outcomes. In unadjusted analyses, racial/ethnic and/or income disparities in physical and mental health outcomes were observed, however these disparities disappeared in multivariate regression models. In a subset of patients, we analyzed patients’ perceptions about the quality of inter-personal care. Findings indicated evidence that black patients were more likely to perceive disparities in care and report difficulties getting follow-up appointments than whites. Perceived quality of inter-personal care was not associated with physical health outcomes. However, it was associated with poor seizure control and lower mental health outcomes. The study results were supported with SEM analysis; disparities related to the inter-personal aspects of care were observed. The inter-personal care reported by patients was significantly lower among black patients than whites and was associated with lower mental health outcomes.

Conclusions: This study sheds light on disparities that might exist in epilepsy patients’ perceptions of care and their physical and mental health outcomes. Future research can consider the importance of inter-personal aspects of patients’ care and their relationships to clinical and quality of life outcomes.